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NATIONAL
ASSOCIATION OF
COUNTY AND CITY
HEALTH OFFICIALS

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FDA/Dockets Management Branch (HFA-305)
5630 Fishers Lane
Room 1061
Rockville, MD 20852

Docket No. 97N-0074

Re: President's Council on Food Safety Strategic Plan
64 Federal Register 116, 32788-32790 (June 17, 1999)

The National Association of County and City Health Officials (NACCHO) is pleased to provide the following comments on the President's Council on Food Safety's comprehensive national food safety strategic plan. NACCHO represents the nearly 3000 local public health agencies – in cities, counties and towns - in the United States. These agencies serve on the front lines in protecting and promoting the health of their communities.

Prevention of foodborne illness is an important activity of local public health agencies. A 1997 NACCHO survey showed that 84 percent have food safety programs. Their activities include educating food managers and handlers, educating consumers, providing technical assistance to food facilities, inspecting retail food establishments, responding to public complaints, and investigating potential foodborne illnesses. The FDA Food Code is the basis for inspection and regulatory compliance activities. Local public health agencies typically also have their own specific local enforcement authorities granted by state and/or local statute.

NACCHO commends the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Environmental Protection Agency (EPA) and the Department of Agriculture (USDA) for undertaking in partnership an ambitious but critically important effort to improve the nation's food safety system. We appreciate the first steps toward recognition that states and localities are essential partners in this effort. Our comments concern two aspects of the strategic plan.

First, we believe that ongoing consultation with local public health agencies and careful consideration of their input will greatly improve the prospects for successful implementation of the strategic plan. These agencies play significant and unique roles in front-line surveillance, outbreak response, and regulation. Their continuous involvement in the strategic planning effort will help assure that such planning takes into account the daily realities of food safety work at the local level. Second, we will suggest additional areas to be included in the five goals.

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1. Ongoing involvement of local public health agency representatives is essential to successful strategic planning for food safety.

The President's Council on Food Safety (the Council) has stated its intention to gain "participation of all concerned parties" and has done so through a series of public meetings that began in October 1998. In addition, in September 1998, FDA initiated a collaborative process in which all concerned federal, state (health, agriculture, laboratories) and local (public health) agencies participated. This process focused on how regulatory agencies could reduce the risk of foodborne illness.

That initial meeting successfully engaged state and local food safety agencies and led to the work of the FDA-staffed National Food Safety System work groups and Coordinating Committee. State and local officials, along with our federal partners, have put in thousands of hours of time developing plans and actions. Significant improvements already have taken place in: foodborne illness surveillance and investigation; laboratory testing; information sharing and data collection; uniform application of the Food Code; uniform standards of training for those conducting food inspection work; and clarification of roles and responsibilities of federal, state and local food safety agencies.

NACCHO understands that the Council has wisely decided to incorporate the work already accomplished into the Strategic Plan, as it deems appropriate. However, NACCHO is very concerned that local public health agencies may not have the opportunity to participate intensively and consistently in the development of the Strategic Plan. If this local, front-line perspective is not fully incorporated into the Strategic Planning process, it will likely result in failure of the plan to achieve its goal of being comprehensive in nature. Moreover, a Strategic Plan that does not fully account for the realities of public health practice at the local level risks becoming unworkable and ineffective.

Many episodes of foodborne illness are addressed exclusively at the local level. For instance, a common occurrence is a complaint to a local public health agency of a possible foodborne illness alleged to be from a local restaurant. In many local jurisdictions, the complaint immediately leads to an on-site investigation at the restaurant and an epidemiologic investigation, both conducted by local public health agency staff. All inspections, interviews, food and human sample collection, physician contact, laboratory results reporting, and media interactions are coordinated at the local level. While state officials are informed, they typically are not directly involved other than by providing consultative guidance and public health laboratory services. Federal agencies are rarely involved and rarely informed of such outbreaks, other than via communicable disease reporting requirements.

NACCHO knows of several local public health agencies with active food safety programs that receive between 50 and 80 foodborne illness complaints per 100,000 population each year. Each of these complaints requires some level of response. By extrapolation, this would be the equivalent of between 140,000 and 225,000 complaints nationwide. Clearly, the capacity

provided by local public health agencies is a critical aspect of the national food safety system. Therefore, NACCHO urges that, as the everyday front-line partner in food safety with CDC, EPA, FDA, and USDA, local public health agencies should have early, ongoing, and meaningful participation in development of the national comprehensive food safety strategic plan.

2. Local Perspective on Goals and Objectives

NACCHO supports the general goals and objectives proposed for the strategic plan and offers the following suggestions for their enhancement.

Goal 1: Ensure the development and use of a comprehensive scientific and technological food safety knowledge base to support prevention, regulation, inspection, surveillance, and education programs. NACCHO fully supports science-based food safety activities but cautions against the allocation of resources for research at the expense of resources for implementation. Much is already known about many of the most common foodborne pathogens from the standpoint of disease prevention, symptoms, illness, and treatment, yet illness caused by these organisms continues to occur at an alarming rate. Science-based decision making has led to the development of HACCP, Pulse-Net, Food-Net, and many of the recently implemented programs aimed at reducing foodborne illness. CDC indicates that two measures, if fully implemented at the retail level, would eliminate the majority of foodborne illness from known pathogens: 1) assuring foods are cooked to, held at and cooled to safe temperatures within short time frames; and 2) practicing good hygiene (MMWR, Oct. 25, 1996). However, lack of resources at the local level for training food handlers and managers, providing technical assistance to food establishments, and conducting more frequent regulatory inspections have prevented local and state public health agencies from being more successful in preventing foodborne illness. NACCHO believes it would be a mistake to allocate even greater resources to research when resources to apply existing knowledge and implement proven preventive measures are so badly needed at the local level.

Goal 2: Improve the effectiveness of surveillance, outbreak investigation and response. NACCHO commends Goal 2's emphasis on surveillance, but would emphasize the importance of state and local public health agencies in surveillance. These agencies are the major source of data on communicable disease and reports on foodborne illnesses. Surveillance is the foundation of the entire structure of the nation's foodborne illness reporting and investigation system and a strategic plan cannot accurately or effectively address the issue of disease surveillance without direct input from local and state agencies.

There is an acute need for funds to build the infrastructure for foodborne disease surveillance. Little federal money is invested in such surveillance. In fact, over 95% of funds allocated to states for infectious disease surveillance are targeted to four disease categories (TB, HIV/AIDS, sexually transmitted diseases, and selected vaccine-preventable diseases). No federal resources are provided to state and local health departments to support the national notifiable disease system (CDC, Addressing Emerging Infectious Disease Threats, USDHHS, PHS, 1994).

Our nation's food safety system is also highly dependent on the laboratory infrastructure available to local and state food and public health agencies. Disease diagnosis and food testing

are critical to surveillance and investigations and the issue of laboratory capacity merits specific mention in this context.

Goal 3: Identify and manage food safety risks through protective standards, inspection, and enforcement from farm to table. This goal is tremendously important, but NACCHO hopes that its further development recognizes the significant role and responsibility of local public health agencies vis a vis retail food establishments and consumer education. These agencies receive almost no federal funding to carry out their work. Most local food safety programs have fee-based systems in place that pay for a portion of the cost of inspections, complaint investigations, and food handler and manager education. The level of staffing varies tremendously between states and even between local programs within the same state. This is an obvious example of the need for increased uniformity.

Goal 4: Ensure that all people who come into contact with food from farm to table are fully informed of the risks and measures to prevent or reduce foodborne illnesses. NACCHO believes that the time has come not only to inform, but also to assure that people who come into contact with food from farm to table are trained and tested on their knowledge. Specifically, NACCHO supports mandatory training and testing of all food handlers and food managers in restaurant establishments. Considering the size of the workforce employed in retail food and the rate of turnover, this is also a key strategy for educating the entire U.S. population.

Goal 5: Create a national and to the extent possible an international seamless food safety system from farm to table. Creating a seamless food safety system will require that all federal, state and local food safety agencies work hand-in-hand. NACCHO applauds this ambitious but essential goal and reemphasizes that local and state involvement in the strategic planning process is intrinsic to its achievement. NACCHO also encourages serious consideration of codification of the FDA Model Food Code in the Code of Federal Regulations in order to establish public health protections on a national level.

While the goal areas are broad, NACCHO believes that an explicit emphasis should be clearly placed on technology and information systems. Solid data and the ability to share information are critical to achieving the desired improvements in our national food safety system. Technologic solutions are needed to assure data compatibility, immediate communication, information sharing, etc. Such solutions will necessarily require a commitment to enhancing the technologic infrastructure of local and state public health agencies.

On behalf of the nation's local public health agencies, NACCHO looks forward to an ongoing, productive involvement in strategic planning and implementation to improve our food safety system. If you have any questions on our recommendations or would like to discuss any of these issues further, please contact Beth Resnick, Director of NACCHO's Office of Environmental Health at 202-783-5550 x 221 or at bresnick@naccho.org



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